

Teacher Feedback Form 7th Grade

Name: _____

Date: _____

School: _____

What section is this class (as assigned by Healthy Futures)? _____

Name(s) of presenter(s): _____

Please rate the material presented according to the following criteria:

	Strongly Agree (5)	(4)	Neutral (3)	(2)	Strongly Disagree (1)
Effective	☐	☐	☐	☐	☐
Clear	☐	☐	☐	☐	☐
Interesting	☐	☐	☐	☐	☐
Relevant	☐	☐	☐	☐	☐
Age-appropriate	☐	☐	☐	☐	☐

Please rate the presenters according to the following criteria:

	Strongly Agree (5)	(4)	Neutral (3)	(2)	Strongly Disagree (1)
Effective	☐	☐	☐	☐	☐
Knowledgeable	☐	☐	☐	☐	☐
Confident	☐	☐	☐	☐	☐
Clear	☐	☐	☐	☐	☐
Engages students	☐	☐	☐	☐	☐



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What was your favorite part of the Nu-CULTURE program?

Why would you recommend the Nu-CULTURE program to others?

What reservations would you have about recommending the Nu-CULTURE program to others?

Other comments/suggestions:

